



# Your Well-Being

At Banner, we want to empower everyone to be their best self, and we believe a focus on well-being will help pave the way. Our benefits are designed to support your total well-being — your health, wealth, growth, purpose and community. Your benefits are a critical part of our well-being mission. Whenever and wherever possible, we strive to keep your costs affordable while providing the best possible value and benefit.

ASK ALEX

ENROLL NOW

## It's All about YOU!

Your 2024 Banner benefits are created with one goal in mind: to provide you the best possible care. So, as you take care of others, we'll continue to take care of you with comprehensive, affordable benefits. Review the benefits available to you so you can choose what's right for you. Be sure to make your elections within 31 days of your hire date (date of hire is included in the 31-day period).

## Questions?

Want to know more about your benefits? Reach out to your **Benefits Navigator** to get one-on-one benefits support.

# Eligibility and Enrollment

Enroll in your benefits  
within 31 days



You're eligible to enroll in benefits if you're a team member with a total Full-Time Equivalent (FTE) of 50% or greater. Premiums are determined by your FTE status in **MyHR|Workday**. Team members with an FTE of 70% and greater will enjoy normal premiums. Team members with an FTE between 50% and 69.9% pay an additional premium for medical, dental and vision coverage.

You may enroll dependents, including your spouse (same or opposite sex, or common law if applicable), domestic partners (who meet certain requirements) and children up to age 26 (including stepchildren or those for whom you have legal guardianship). Disabled children over age 26 are also eligible. Documentation will be required to verify eligibility of your dependents.

## Enrollment

If eligible, you will have 31 days from your hire date (date of hire is included in the 31-day period) to complete your enrollment for benefits. Whether you enroll on day one, day 10 or day 31 of your enrollment period, your benefits coverage will begin on the first day of the month following your hire date. If your hire date falls on the first day of the month, you still have 31 days to enroll, but your coverage would be effective on your hire date. If you don't enroll during your 31-day enrollment period, your next opportunity to enroll will be during the next Open Enrollment period in the fall of 2024 unless you have a **Qualifying Life Event** (changes in your legal marital status, number of dependents, etc.) that makes you eligible for an earlier enrollment.

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## Premiums

Banner allows you to pay for most benefits on a pre-tax basis from your paycheck, which lowers the amount of federal and state taxes withheld from your paycheck. Exceptions are voluntary life/AD&D, supplemental medical plans (critical illness, hospital and accident), legal plans and premiums for a domestic partner and his/her children.

For the medical plans, a discount is available if you and your covered dependent(s) do not use tobacco products. If you or any covered dependent uses a tobacco product, you may still qualify for the non-tobacco discount by participating in a designated **tobacco cessation program**.

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# Your Medical Plan Options



Banner Health offers three medical plan options through Banner|Aetna. All of Banner Health’s medical plan options offer **three levels of coverage\*** based on the network you choose, plus **pharmacy benefits**.

	VALUE*	PREMIER*	CHOICE PLUS
<b>Plan Highlights</b>	High-Deductible Health Plan	High-Deductible Health Plan	Defined copays
	Lowest premiums	Low cost premiums	Lower deductible
	Opportunity for \$0 team member-only premiums through MyWell-Being Program	Eligible for Health Savings Account (HSA)	No deductible for Tier 1 visits
	Eligible for Health Savings Account	Eligible for Banner HSA contributions	Higher monthly premiums
<b>Deductible</b> (Individual/Family)	\$2,800/\$5,600	\$1,600/\$3,200	\$0
<b>Embedded Deductible</b>	\$3,200	N/A	N/A
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$5,000/\$10,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Banner HSA Contribution</b> (Individual/Family)	N/A	\$450/\$900	N/A
<b>Preventive Care</b>	No Charge	No Charge	No Charge
<b>Primary Care Visit</b>	20% coinsurance**	15% coinsurance**	No Charge
<b>Specialist Visit</b>	20% coinsurance**	15% coinsurance**	\$50 copay
<b>Inpatient/Outpatient Surgery</b>	20% coinsurance**	15% coinsurance**	10% coinsurance
<b>Emergency Room Visit</b>	20% coinsurance**	15% coinsurance**	\$150 copay

\*Out-of-area Premier Plan has 2 levels of coverage, see page 2 to learn more.

\*\*The coinsurance is after deductible on both Value and Premier for all services except preventive care.

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Team Member Premiums

Resident and Fellow Benefits

**Banner Health Network coverage highlights are shown here. For complete plan details, click the buttons below.**

Value Plan SBC

Premier Plan SBC

Choice Plus Plan SBC

# Out-of-area Premier Plan Option

To support our team members who live outside of the Banner Health Network, we're introducing an out-of-area medical plan option to ensure all team members receive the Banner Health Network benefits for more savings. This plan option mirrors the Premier Plan, with Aetna network providers covered at the same levels as Banner Health Network providers, as shown below. Out-of-network coverage is also available.

	PREMIER (TIER 1 AND 2)
<b>Deductible</b> (Individual/Family)	\$1,600/\$3,200
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$4,000/\$8,000
<b>Banner HSA Contribution</b> (Individual/Family)	\$450/\$900
<b>Preventive Care</b>	No Charge
<b>Primary Care Visit</b>	15% coinsurance
<b>Specialist Visit</b>	15% coinsurance
<b>Inpatient/Outpatient Surgery</b>	15% coinsurance
<b>Emergency Room Visit</b>	15% coinsurance

## Embedded Deductible

The Banner Value Plan has a family deductible of \$5,600, with an embedded deductible of \$3,200 for plan year 2024. That means each of your dependents has his or her own individual deductible. Once somebody in the family meets his or her individual deductible, the plan will pay coinsurance for that person ONLY. Your family deductible is met when a combination of these individual deductibles reaches the family deductible amount.

For example, Vijay and his spouse Raji, are enrolled in the Value Family Plan. In April, Vijay reaches the embedded deductible amount of \$3,200, so the plan begins to pay coinsurance for any additional claims he may have until the out-of-pocket maximum is met or the plan year ends. In September of the same year, Raji reaches the remaining deductible of \$2,400 (\$5,600-\$3,200), so the plan begins paying coinsurance for her claims through the end of the plan year as well.

Use these resources to help with your benefits questions:

- Ask ALEX: [myalex.com/bannerhealth](https://myalex.com/bannerhealth)
- **MyHR|Workday:** Use the search box or make a selection in the Benefits application
- MyBenefits Resource Center: 7 a.m. – 7 p.m. (MST), Monday – Friday at **833-849-9825**
- Banner|Aetna Concierge Team: **855-788-5803**

## Learn more about using your medical plan:

How Your Medical Plan and the HSA Work Together

Programs to Help Manage Your Health Care

2024 Premier Out of Area SBC

# Understanding Network Tiers

You work for a health care organization, so it makes sense you'd get a discount on health care. Choosing Banner Health physicians, pharmacies and other facilities provides quality care for you and your family and supports the organization that supports you. Plus, you save money through lower copays or coinsurance. Here's a look at the three levels of coverage available through the different network tiers.

- » **Banner Health Network:** You will receive the most coverage at the lowest cost under the plan using the Banner Health Network with Banner Health providers.
- » **Aetna National Network:** You can get care from Aetna network providers at a higher cost share than you would pay in the Banner Health Network. Wherever you are in the country, you'll be able to find many excellent in-network options.
- » **Out of Network:** You are free to go to any provider you choose, but if you choose a provider that is not contracted under the Banner Health or Aetna networks, your deductible and coinsurance will be higher, as these are out of network. Out-of-network claims are paid at a Medicare-based fee schedule.
- » **Non-Banner Area:** If you live outside of a city/state where a Banner facility is located, you will (most likely) be utilizing the Aetna National Network, or Tier 2 coverage. Reach out to the Banner|Aetna Concierge if you have questions about the best network tier for you.

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## Stay in Network to Avoid Balance Billing.

Out-of-network claims could expose you to balance billing, which is when a provider bills you for the difference between the provider's charge and the allowed amount.

	MAX SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Available Providers	Banner Health Network of providers	Aetna's national network of providers	All other providers who do not participate in the Banner Health or Aetna provider networks
Cost	\$	\$ \$	\$ \$ \$



# Choosing the Right Health Plan

When choosing a plan, first think about your health care usage and needs. Then use our decision tool, Ask ALEX, to review the plans and make the best choice for you and your family.

## SCENARIO 1: Chloe

### Saving money is priority one

Chloe is 25 years old and single. She's healthy and has few medical needs aside from the occasional cold, so she wants to spend as little on health care as possible. She likes the idea of using an HSA to build a health care nest egg for future expenses.

### What is Chloe's choice?

After using ALEX, Chloe chooses the Banner Health Value Plan. Since preventive care is covered at 100% and she doesn't anticipate any major health care expenses, Chloe opts for the lowest premiums to keep her out-of-pocket costs down.

To save even more and pay nothing for premiums in 2024 for her team member-only coverage, Chloe participated in the 2023 **MyWell-Being Program** and met the program's requirements.

## SCENARIO 2: Mark and Jane

### Thinking about the future

Mark and his wife Jane just turned 60 and are starting to think about retirement. They're both healthy now, but they'll likely need more health care services in the coming years.

### What is Mark and Jane's choice?

Mark and Jane decide that the Banner Health Premier Plan can best help them prepare for the future. They plan to fund their HSA with the premium savings, with the \$900 Banner Health HSA contribution as a head start. The funds in their HSA will accumulate over time to help them save for the medical expenses they will face during retirement.

## SCENARIO 3: Leslie and Mario

### Looking for extra security

Leslie covers her husband Mario and their two kids in her medical plan. Between the kids' mishaps and another baby on the way, they use health care services often and anticipate hitting their annual deductible early in the year.

### What is Leslie and Mario's choice?

Leslie and Mario select the Banner Health Choice Plus Plan. Although this option has a higher premium, Leslie prefers the security of the lower deductible and knows that since they will meet their deductible this year, they will get the greatest benefit. Plus, Leslie can contribute to a Health Care Flexible Spending Account (FSA) and purchase eligible medical expenses tax-free for the remainder of the year.



Team Member Premiums

Resident and  
Fellow Benefits



# Pharmacy through Aetna

The Banner Health pharmacy plans provide prescription drug benefits through a network of participating pharmacies that includes most major drug store chains, Banner Family Pharmacy and a mail-order program. Pharmacy benefits are administered by Aetna.

## Banner Health Network Coverage Highlights

	VALUE*	PREMIER*	CHOICE PLUS
<b>Generic</b> Retail: 31-day supply Mail Order: 32- to 93-day supply	20% coinsurance	15% coinsurance	\$7.50 \$18.75
<b>Brand Name</b> Retail: 31-day supply Mail Order: 32- to 93-day supply	20% coinsurance	15% coinsurance	\$35 \$87.50
<b>Specialty Drugs</b>	20% coinsurance	15% coinsurance	\$250 copay; 30% for PrudentRx-eligible specialty prescriptions (\$0 out-of-pocket if enrolled in PrudentRx)

\*After deductible unless they are on \$0 Medications List or First Dollar list. Applies to Value and Premier.

## Ongoing or Maintenance Prescriptions

### Filling Prescriptions

When you are prescribed a medication that needs to be filled on a monthly basis (for example, birth control, hormones, blood pressure, etc.), you have two options for ordering them after two Rx fills at any in-network retail pharmacy. Subsequent fills must be made by those listed below.

- » **Banner Family Pharmacy:** Banner Family Retail or Home Delivery Service (mail order): Prescriptions are delivered to your door. You will receive a discount of 50% off one month's copay on the Choice Plus Plan by using our Home Delivery Service for your 93-day supply.
- » **93-day retail supply:** You can receive up to a 93-day supply of your medication at any retail Banner Family Pharmacy.

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### Stay in Network

Pharmacy plans don't cover medications purchased at non-network pharmacies. If you use an out-of-network pharmacy, you will be responsible for the entire cost of the medication. CVS pharmacies are in network, but Walgreens pharmacies are not.

**Banner Health Network coverage highlights are shown here. For complete plan details, click the buttons below.**

Value Plan SBC

Premier Plan SBC

Choice Plus Plan SBC

Maintenance Medications

## Zero-dollar Medications

Under all Banner Health medical plans, if you or dependents have specific medical conditions such as asthma, COPD, cardiovascular disease or diabetes, your medications may be free. These medications must be obtained from Banner Family Pharmacy. To view the \$0 Medications List, click [here](#).

## Specialty Medications

Specialty medications are dispensed by Banner Family Pharmacy — Chandler for 30% coinsurance for the Choice Plus Medical Plan. However, if you participate in the PrudentRx program, you could pay a \$0 copay. PrudentRx will find the best savings from manufacturers to help you lower the cost for specialty prescriptions. Choice Plus Plan members will be counseled by Banner Family Pharmacy Specialty upon enrolling in the PrudentRx program.

The Value and Premier Medical Plans cover specialty medications after the deductible and then the applicable coinsurance.

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\$0 Medications List

2024 Specialty Medications





# Supplemental Health Plans



If there's an emergency or you end up in the hospital, health insurance helps with the medical expenses. These voluntary insurance options, available through Aetna, are designed to complement your medical plan and help cover any extra expenses that may arise. They pay a cash benefit you can use for your deductible, coinsurance or even things like child care, utility bills or mortgage payments.

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## Hospital Indemnity

The Aetna Hospital Indemnity Plan allows you to purchase extra coverage to help pay for out-of-pocket costs when you're admitted to the hospital, mental disorder treatment facility or substance abuse treatment facility. Go to [vimeopro.com/diginovations/hospital](https://vimeopro.com/diginovations/hospital) for more information.

## Critical Illness

The Aetna Critical Illness Plan pays you a lump-sum benefit to help cover health care costs and other expenses when you're diagnosed with a covered condition, like heart attack, cancer or stroke. And when you complete a qualified health screening test, you can receive \$50 per plan year. Go to [vimeopro.com/diginovations/critical-illness](https://vimeopro.com/diginovations/critical-illness) for more information.

## Accident

The Aetna Accident Plan helps you pay for health care costs and other expenses when you have a covered injury. Go to [vimeopro.com/diginovations/accident](https://vimeopro.com/diginovations/accident) for more information.

Accident Plan (Eng)

Hospital Indemnity (Eng)

Critical Illness (Eng)

Accident Plan (Spa)

Hospital Indemnity (Spa)

Critical Illness (Spa)



# Dental through Cigna

## Comprehensive

This dental health maintenance organization (DHMO) plan has the lowest premiums, no deductibles and no annual maximums. You pay a flat copay amount based on the covered service. You must select a general dentist from the DHMO network who will refer you to dental specialists as needed. There is no coverage for care from non-DHMO providers.

**This plan is only offered based on the availability of network providers near your home ZIP code.** If you move out of the network area, you will need to change plans. (If your home ZIP code has DHMO providers, this option will be displayed in Workday System during enrollment.)

## Value

This dental preferred provider option (DPPO) plan has deductibles for most services, and you pay a percentage of the costs for covered services. You may go to any dentist; however, you will receive discounted rates at a DPPO network provider. This plan does not include orthodontia coverage.

## Premier

This DPPO plan has the highest premiums but offers the most coverage. It is similar to the Value Dental Plan, but also includes coverage for orthodontia and has higher annual maximums.

[Go to Team Member Premiums](#)

[Go to Resident and Fellow Benefits](#)

[ASK ALEX](#)

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### Find a contracted dental provider

Visit [my.cigna.com](https://my.cigna.com), call **800-244-6224** or use the myCigna app available in the Apple App Store or Google Play.

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### Take the Cigna Dental quiz

Can't decide? Answer a few questions to find the plan that's right for you.



	COMPREHENSIVE DENTAL PLAN (DHMO)*	VALUE DENTAL PLAN (PPO)		PREMIER DENTAL PLAN (PPO)	
	Network Provider	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider
<b>Choice of Dentists</b>	You must choose a general dentist from the Network Provider list to manage your dental care. If you need specialty care, your general dentist gives you a referral to another dentist in the DHMO network. Out-of-network benefits are not offered with this plan.	You may go to any dentist; however you will receive discounted rates at a Network Provider.		You may go to any dentist; however you will receive discounted rates at a Network Provider.	
<b>Annual Deductible</b> (waived for preventive care, routine cleaning, X-rays)	No deductibles	\$50 per person \$150 family		\$50 per person \$150 family	
<b>Routine Exam, Cleaning and X-rays</b>	Covered at 100%	Covered at 100%		Covered at 100%	
<b>Basic Restorative Care Benefit</b>	The DHMO is a copayment plan. When you get a dental service, your dentist is allowed to charge a certain amount; you pay a fixed portion of that cost and the plan pays the rest.	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible
<b>Major Restorative Care Benefit</b>		You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
<b>Orthodontia</b>	Covered	Not covered		You pay 50%, \$2,500 lifetime benefit maximum	You pay 50%, \$1,500 lifetime benefit maximum
<b>Annual Maximum Benefit</b>	No annual maximum	\$1,500 per member	\$1,000 per member	\$2,500 per member (orthodontia is separate)	\$2,000 per member (orthodontia is separate)

\*The dental plans pay based on Reasonable and Customary (R&C) limits.



# Vision through VSP

## Prescribing a Clearer Vision

Even those with perfect eyesight should get their eyes checked on a regular basis. Banner Health offers two similar plans through Vision Service Plan (VSP). Both plans cover preventive exams, have the same network and offer discounts through certain providers.

Our vision network includes local providers as well as national companies such as Costco and Visionworks.

### Value Plan

The Value Plan offers access to VSP's large network of providers at a lower premium. On this plan, you're covered for an eye exam and lenses or contacts every 12 months and frames every 24 months. You pay a flat copay for in-network services and frames.

### Premier Plan with EasyOptions Enhancements

The Premier Plan has a higher premium but offers the most coverage. It's like the Value Plan but also includes an allowance for laser vision care and a greater allowance for eyeglass frames every 12 months. And with the EasyOptions enhancements, you can choose one annual upgrade: A \$250 frame allowance, a \$300 featured frame brands allowance OR an anti-reflective coating.

[ASK ALEX](#)

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### When scheduling an appointment, be sure to provide your member ID

**Q:** What is my member ID?

**A:** When you verify your vision coverage with VSP or with a provider, your member ID is three zeros followed by your Lawson ID# (ex. 000303479).

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[Go to Team Member Premiums](#)

[Go to Resident and Fellow Benefits](#)

	VALUE PLAN	PREMIER PLAN VSP EASYOPTIONS
<b>Annual Eye Exam</b>	Every plan year	Every plan year
<b>Eyeglass Lenses</b>	Every plan year (single, bifocal, progressive)	Every plan year (single, bifocal, progressive, polycarbonate, photochromic)
<b>Frames</b>	Every other plan year	Every plan year
<b>In-Network Coverage Copay</b>		
Annual Eye Exam	\$10	\$10
Materials	\$10	\$10
Laser Vision Care (Lasik)	Discounted services available	Allowance of up to \$500 per eye
<b>VSP Network Allowances</b>		
Retail Frame Value	\$130	\$200
Elective Contact Lenses	\$130	\$250
<b>Out-of-Network Coverage Copay</b>		
Annual Eye Exam	Up to \$45	Up to \$45
Single Vision Lenses	Up to \$30	Up to \$30
Bifocal Lenses	Up to \$50	Up to \$50
Trifocal Lenses	Up to \$65	Up to \$65
Frame	Up to \$70	Up to \$70
Elective Contact Lenses	Up to \$105	Up to \$105
Laser Vision Care (Lasik)	Not covered	Allowance of up to \$500 per eye
<b>EasyOptions Enhancement</b>		Choose one annual upgrade: \$250 frame allowance OR \$300 featured frame brand allowance OR anti-reflective (anti-glare) coating

## Find a Contracted VSP Provider

Visit [vsp.com](http://vsp.com), call **800-877-7195** or download the VSP app from the Apple App Store or Google Play.





# Health Management Resources

Your health and well-being are important to us. That's why we offer a collection of Health Management Programs to better assist you in dealing with certain ailments. If you're enrolled in a Banner Health medical plan, these are provided at no cost to you.

Many of our Health Management Programs are part of our MyWell-Being Program points system and can be accessed through Virgin Pulse. Check out how you can earn points for taking care of your health.

## Hello Heart

Hello Heart empowers you to understand and improve your cardiovascular health, including managing and preventing high blood pressure, high cholesterol and heart disease. It includes tracking tools, personalized insight and recommendations, a dedicated support team and more.

Learn more and enroll at [join.helloheart.com/Banner](https://join.helloheart.com/Banner). Or contact Hello Heart at **800-767-3471** or [support@helloheart.com](mailto:support@helloheart.com) for more information.

## Hinge Health

Hinge Health is a digital exercise therapy program for back, knee, hip, neck and shoulder pain and women's pelvic health. It features wearable motion sensors to guide you through the program, a library of educational resources and a personalized health coach who will be there to support you every step of the way.

Visit [hingehealth.com](https://hingehealth.com) to learn more. For questions, call **855-902-2777** or email [hello@hingehealth.com](mailto:hello@hingehealth.com).

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To learn more about Banner's Health Management Programs, click here:

HEALTH MANAGEMENT

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See what team members are saying about our Health Management Programs:

TESTIMONIALS

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## Virta

Virta can help you put your diagnosed Type 2 diabetes or prediabetes into remission, reduce the need for medication and give you back your life. It includes medical supervision, a dedicated health coach, biomarker tracking tools and supplies and a personalized treatment plan to help transform your health. Plus, it's 100% online, so you can get the support you need from the privacy of your own home.

To get started, visit [virtahealth.com](https://virtahealth.com) or email [support@virtahealth.com](mailto:support@virtahealth.com).

## AbleTo

Banner and Aetna have teamed up with AbleTo, a personalized, leading behavioral health care provider, to provide real support that fits your schedule. AbleTo provides virtual therapy and coaching to help you reduce feelings of stress, anxiety and depression. It also helps you build positive self-care routines to cope with everyday challenges. Take advantage of confidential, 24/7 access to the tools you need and engage with qualified and supportive therapists and coaches.

Sign up today at no cost to you. Email [help@ableto.com](mailto:help@ableto.com), call [866-287-1802](tel:866-287-1802) or visit [ableto.com](https://ableto.com).

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# Health Savings and Spending Accounts



## Health Savings Accounts (HSAs)

An HSA is a bank account used for qualified health care expenses (medical, prescription, dental and vision). Contributions are pre-tax, and it is your personal account to use now and in the future. There is no “use it or lose it” rule, so funds roll over from year to year. You can even take it with you if you leave Banner Health.

### There are multiple ways to fund your HSA:

- » Contribute your own money through payroll deductions.
- » Contribute your own post-tax money directly to the account.
- » Banner Health makes per-paycheck contributions to your HSA.

### For 2024, Banner Health’s funding will be:

**Premier Plan:** Banner Health will contribute \$450 for individual coverage or \$900 for family coverage. Contributions are made on a per-paycheck basis in 2024.

## Benefits of HSAs

- » Your HSA contributions come out of your paycheck pre-tax.
- » You earn tax-free interest.
- » You can take money out tax-free if you use the money for qualified expenses for you and your eligible dependents — even if the dependents are not enrolled in your medical plan.

NOTE: HSA funds can’t be used on a domestic partner’s health care expenses even if he or she is covered on your medical plan, as he or she is not considered an eligible tax dependent by the IRS.

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### Important Information About Your HSA

Banner Health’s contributions to your HSA will be made on a per-paycheck basis.

Note: Due to rounding, your actual annual contribution may vary from your elected amount by a few cents, but will never exceed the allowable annual maximum.

An HSA is a smart way to save for health care expenses.

How Your Medical Plan and  
the HSA Work Together



- » HSA funds are yours to keep. There is no “use it or lose it” rule, and you can take the HSA with you if you change jobs and/or insurance plans.
- » Once your savings reach \$1,000, you can invest your money in mutual funds to achieve a higher rate of growth.
- » After you retire, you can use the money for Medicare premiums.
- » You can only use the funds in your HSA for qualified health care expenses.
- » You can change your HSA contribution at any time throughout the year.

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## HSA eligibility

You are eligible to fund an HSA if you are enrolled in the Banner Health Value or Premier High-Deductible Health Plans.

### You are not eligible if you are:

- » Covered by a non-HSA eligible medical plan, Health Care FSA (including an account provided through your spouse’s employer) or health reimbursement arrangement.
- » Eligible to be claimed as a dependent on someone else’s tax return.
- » Enrolled in Medicare or TRICARE for Life.
- » Receiving Veterans Affairs (VA) Benefits or have received VA benefits in the last six months.

Refer to [IRS Publication 969](#) for additional eligibility details.

# Flexible Spending Accounts (FSAs)



Banner Health offers our team members two FSAs. These FSAs let you set aside money for health care or dependent care expenses on a per-paycheck basis. This reduces your taxable income, which lowers the amount of federal and state taxes withheld from each paycheck.

You can enroll in FSAs even if you aren’t enrolled in a Banner Health medical plan. However, you are not eligible to participate in the Health Care FSA if you are enrolled in the Value or Premier High-Deductible Health Plans.

## There are two ways to fund your Health Care FSA:

- » You can save up to \$3,050 per year in a Health Care FSA, which is spread out evenly over the remaining pay periods in the plan year from when you enroll.
- » You can make claims on the entire planned contribution even before you make the actual payroll contributions.
- » You can use the Health Care FSA for eligible medical, pharmacy, dental and vision expenses for you and your eligible dependents, even if they are not covered by your Banner Health plans.
- » When using the debit card, you may still be required to mail or fax proof of your expenses, or the payment will become taxable.
- » If you don't use the debit card, you file a claim for reimbursement.
- » There is a "use it or lose it" rule, so plan wisely. Any unused balance at the end of the plan year is forfeited.
- » You can't use the money for non-eligible expenses. If you do, you must pay regular income tax on the expense.
- » IRS guidelines require substantiation of claims processed through a debit card. Example: providing a copy of an Explanation of Benefits.

## Using a Dependent Care FSA

- » You can save up to \$5,000 per year in a Dependent Care FSA, which is spread out evenly over the remaining pay periods in the plan year from when you enroll.
- » As you incur expenses, you file a claim for reimbursement.
- » You can only make claims on the contributions that have come out of your paycheck.
- » You can use the Dependent Care FSA for eligible day care expenses for children up to age 13 and elder care.

For details about eligible expenses under the FSAs, review IRS Publication 502 at [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502).

For more FSA tips visit: [Banner FSA Tips](#).

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### Non-discrimination Testing Rules Apply

To ensure non-highly compensated team members receive a fair share of the tax benefits offered through these plans, non-discrimination testing rules apply to prevent plans from allowing highly paid individuals to benefit at a higher percentage than non-highly paid individuals. Depending on the results of the testing, a highly compensated team member may not be eligible to contribute the maximum amount to an FSA. You will be notified if this applies to you.

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# High-Deductible Health Plans and the Health Savings Account

How they work together to save you money

## What Is a High-Deductible Health Plan (HDHP)?

The Value Plan and Premier Plan are both HDHPs featuring low premiums and a high deductible. HDHPs let you pay less money from your paycheck for coverage, but you'll pay the full cost of medical services until you reach your deductible. That's where the Health Savings Account (HSA) can help you save.

## What Is an HSA?

An HSA is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan. The funds contributed to an account are not subject to federal income tax at the time of deposit, and if used for qualified health care expenses, are never taxed.

## How Do an HDHP and an HSA Work Together?

You can use money from your HSA to help pay for the higher deductible of the Value or Premier Plan and other qualified health care expenses. So, you benefit from a lower monthly premium, and you can use tax-free money to help you reach your deductible.

Refer to [IRS Publication 502](#) for a list of the qualified health care expenses.

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**Save on health care.  
Stay in the Banner  
Health Network.**

Use fewer HSA dollars while you're working toward your deductible when you get care in the Banner Health Network. You will get more for your HSA money when you use Banner physicians, pharmacies, laboratories and other services.

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# How Much Should I Contribute to an HSA?

The IRS regulates how much you can contribute to your HSA every year. These limits include any money Banner deposits into your HSA on the Premier Plan.

	INDIVIDUAL	FAMILY
2024 Maximum Contribution	\$4,150	\$8,300
Annual Banner Health Contribution (Premier Plan Participants Only)	\$450	\$900
Catch-up Contribution (55+)	\$1,000	\$1,000

Banner Health's contribution does count toward annual maximum.

Here are some suggestions on what amount to contribute to an HSA:

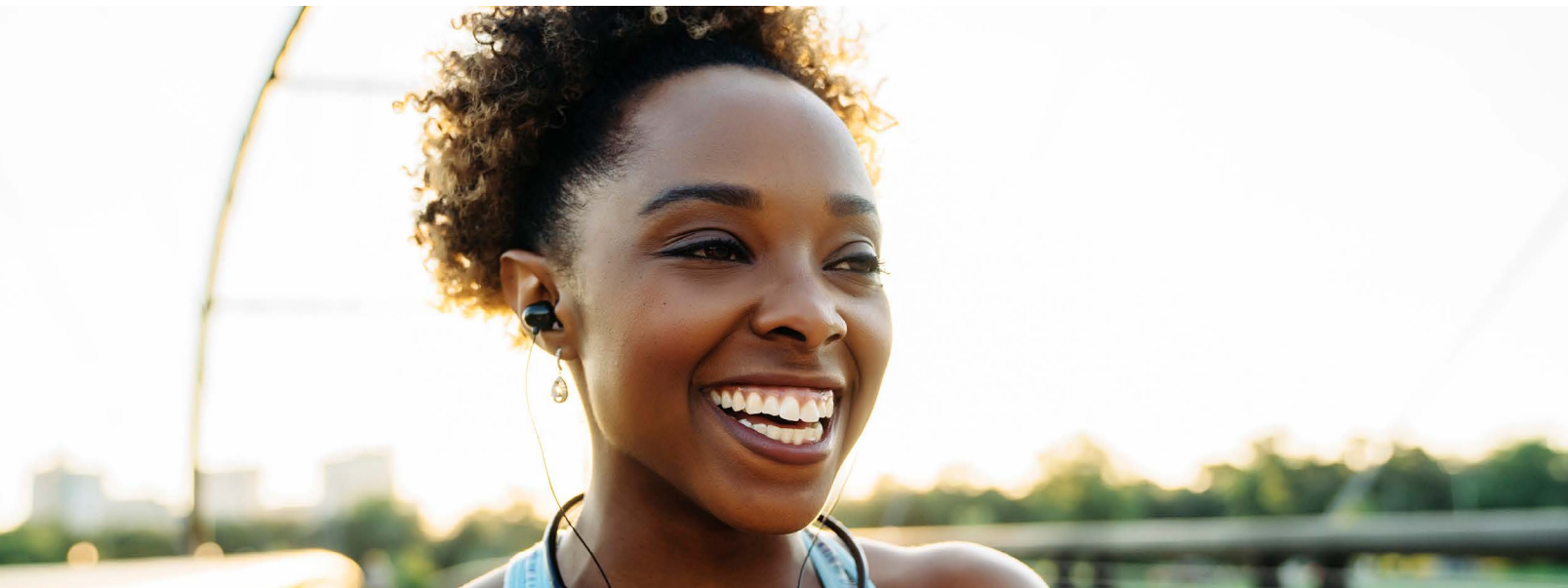
- » At least the amount of your deductible, so you're ready for those expenses you would have to pay out of pocket.
- » The amount you're saving on your premiums.
- » The maximum allowed by the IRS to benefit from the tax advantages.
- » Don't forget about non-covered dental and vision expenses. HSA contributions can be used for those services as well.

## More Ways to Grow Your Savings

Your contributions are tax-deductible, so they will reduce the amount of money you pay in federal income taxes. Then your HSA will earn tax-free interest on the balance. When your HSA reaches a certain level (\$1,000), you can invest your money in mutual funds to achieve an even higher rate of growth.

[Health Savings and Spending Accounts](#)

[Medical Plan Options](#)





# Life and AD&D Insurance

Life and AD&D coverage protects your loved ones should the unthinkable happen to you.

Banner Health provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance to all benefits-eligible team members equal to your base salary (up to plan limits).

When newly eligible, you can elect up to 10x your annual earnings in additional Voluntary Life and AD&D insurance. The maximum amount of coverage is subject to a \$2,000,000 maximum that is combined with your Basic Life Insurance amount. Evidence of Insurability will be required for any Voluntary Life election that exceeds the lesser of 5x your annual earnings or \$1 million.

During Open Enrollment or if you experience a Qualifying Life Event, you may also increase your coverage by an amount equal to your annual earnings provided the resulting amount of insurance does not exceed the guaranteed issue amount of the lesser of 5x your annual earnings or \$1 million. You may apply for additional coverage increases up to 10x your annual earnings subject to Evidence of Insurability limits.

By enrolling in the plan, you understand that you must be actively at work on the effective date of coverage.

Age reductions in team member coverage begin at age 65.

Coverage options are also available for your spouse/domestic partner and children.

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[BENEFIT SCOUT](#)

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As a Banner Health team member, you are provided Basic Life and AD&D insurance equal to your annual benefit base salary (up to plan limits).

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[Team Member Premiums](#)

[Resident and Fellow Benefits](#)

Spouse, Domestic Partner and Child Life and AD&D Coverage	Options	
Spouse/Domestic Partner*	\$5,000	\$20,000
	\$10,000	\$25,000
	\$15,000	\$50,000
Child/Children*	\$ 2,500	\$10,000
	\$ 5,000	\$15,000

\*Cannot be more than your annual benefit base salary

## Additional Resources:

[Life Insurance Process Map](#)[Term Life Certificate](#)[Term Life Policy and Amendments](#)

## Beneficiary Information

If your covered spouse, domestic partner or child(ren) die, their Life and AD&D benefit payments are made to you. In the event of your death, benefit payments are made in the order listed below unless you choose a different beneficiary:

- » **Your spouse (does not include a domestic partner)**
- » **Your children (including legally adopted children, but excluding stepchildren)**
- » **Your parents**
- » **Your brothers and sisters**
- » **Your estate**

If you are changing or adding a beneficiary during Open Enrollment, you must include the names and phone numbers of your beneficiaries in order to complete enrollment.

## Benefit Scout

We understand there's a lot to consider when choosing your life insurance coverages.

That's why we're excited about Securian Financial's tool Benefit Scout — an online decision support experience to help you decide what life insurance options make sense for you and your family.

Click the Benefit Scout button above to learn your options, get cost estimates based upon recommendations and enroll with confidence.

[ASK ALEX](#)[BENEFIT SCOUT](#)[ENROLL NOW](#)

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[Team Member Premiums](#)[Resident and Fellow Benefits](#)



# Disability and Leave Plans through Matrix|Reliance Standard

Banner Health is committed to helping you take the time you need away from work — whether you spend it at home healing from a health condition, caring for a seriously ill family member or returning to school to take classes.

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## Different Types of Leave

- » Family Medical Leave (FML) provides 12 weeks of job-protected leave if qualified team members or their immediate family members have a serious health condition.
- » Medical leave covers up to 12 weeks for serious health conditions for team members who aren't eligible for FML.
- » Educational leave covers up to one year for team members to pursue their studies.
- » Personal leave provides up to 12 weeks for non-FML personal matters.

## Submit Your Request

Contact the Banner Health-dedicated leave-of-absence team at Matrix|Reliance Standard by calling **888-295-7840** or visiting [matrixabsence.com](https://matrixabsence.com). You'll need to provide your name, address, phone number, the last four digits of your Social Security number, physician's contact and fax information, a description of your illness or injury, job title and a brief description of your job. Also, you should be ready to provide medical certification or other documents to validate your reason for leave.

Disability and Leaves FAQ

## Short-Term Disability

The Short-Term Disability (STD) Plan provides you with pay at 60% of your pre-disability base pay for up to 182 days for lost time at work due to your own illness or non-work, related injury. Benefits begin after seven consecutive calendar days away from your job for non-occupational illness or injury. Any Paid Time Off and/or Sick Time you have available must be used to pay yourself during the seven consecutive days of the elimination period and to supplement your STD pay so that it approximates your pre-disability base pay.

Maternity STD is 100% of your pre-disability base pay for six weeks with no elimination period.

\*Any medical condition requiring disability leave beyond the six weeks for maternity at 100% coverage, including cesarean birth, will be covered at the standard 60% Short-Term Disability payment for the remainder of the leave.

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Short-Term Disability Process

Short-Term Disability  
Program Description

## Long-Term Disability

The Long-Term Disability Plan provides 60% of your base earnings up to the maximum of \$10,000 per month. The benefit is reduced by certain offsets such as primary Social Security benefits and Workers' Compensation payments. If you are on an approved disability such as Short-Term Disability or Workers' Compensation, benefits may begin at the end of 182 days plus any applicable Paid Time Off days.

Long-Term Disability Process





# 2024 MyWell-Being Program

Banner Health wants to see all our team members thrive in every area of life — which is why we take a holistic approach to your well-being. The MyWell-Being Program gives you the tools to be active, stay healthy and be your best self. And when you take steps to improve your well-being, you can enjoy the added benefit of lower medical premiums or other MyWell-Being incentives.

[2024 MyWell-Being Program Guide](#)

[VIRGIN PULSE](#)

## 2025 MyWell-Being Incentive

The MyWell-Being Program is for everybody, and if you want to earn points toward your 2025 MyWell-Being incentive, it's as easy as making healthy decisions. Team members who participate in the MyWell-Being Program this year, **Nov. 1, 2023 – Oct. 31, 2024**, and achieve certain point levels by Oct. 31, 2024, can earn these rewards in 2025:

- » Those enrolled in a Banner Health medical plan in 2024 can earn a \$35 – \$50 medical premium discount per month. Premium discounts are noted in the adjacent table and based upon your total points earned.
- » Those earning a \$50/month premium discount will pay NOTHING when enrolled in the Value Plan for team member-only coverage.
- » Those not enrolled in a Banner Health medical plan in 2024 can earn a \$180 one-time cash incentive.\*
- » Banner offers Comprehensive (DHMO) Dental and Value Vision at no cost for team member-only coverage to team members achieving level 3+ in Well-Being activities.

Date of Hire	Points Achieved and Discount Earned				Deadline
	30,000 Level 1	50,000 Level 2	70,000 Level 3	100,000 Level 4	
Current Team Members	\$20	\$35	\$50*	Drawing Entry	Oct. 31, 2024
Q1 (Jan. 1 – March 31, 2024)	\$20	\$35	\$50*	Drawing Entry	Oct. 31, 2024
Q2 (April 1 – June 30, 2024)	\$35	\$50*	Drawing Entry	—	Oct. 31, 2024
Q3 (July 1 – Sept. 30, 2024)	\$50*	Drawing Entry	—	—	Oct. 31, 2024
Q4 (Oct. 1 – Dec. 31, 2024)	Grandfathered into 2025 Incentive				N/A

\*The total premium discount available to earn will be \$50 a month, plus complimentary Comprehensive (DHMO) Dental and Value Vision plans for team member-only coverage.

- » Newly hired team members that enroll in a Banner Health medical plan for 2024 will automatically receive the \$35 medical premium discount per month for calendar year 2024.

\*Non-medical plan team members, as well as Banner residents and fellows on a medical plan, will receive a \$180 one-time cash award in 2025. Cash incentive is taxable.

# How to Get Started

1. Join today by visiting [join.virginpulse.com/BannerHealth](https://join.virginpulse.com/BannerHealth).
2. **Download the Virgin Pulse mobile app** for iOS or Android by scanning the QR code. The first time you log in, you'll earn bonus points.
3. **Connect an activity tracker** to get credit for your steps, active minutes and sleep. You can sync with many devices and apps (Max, Buzz, Fitbit, Misfit, etc.).
4. **Upload a profile picture** and add some friends and team members.
5. **Set your interests** to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more.
6. **Participate in the MyWell-Being Program.**

2024 MyWell-Being  
Program Guide

VIRGIN PULSE



## Reminder for New Hires after Oct. 1, 2024:

If you're hired after Oct. 1, you're eligible for both the 2024 and 2025 medical premium discount — but you won't need to participate in the MyWell-Being Program or meet the Oct. 31 deadline to earn it. Instead, you can register at [join.virginpulse.com/BannerHealth](https://join.virginpulse.com/BannerHealth) and be prepared to jump into the activities and challenges we have in store starting Nov. 1, 2024, for the 2025 program year and work your way toward your 2026 incentive.

## Here to Support Your Well-Being

Our MyWell-Being Program encourages all our team members to enhance their lives through our five pillars: **MyGrowth**, **MyPurpose**, **MyCommunity**, **MyHealth** and **MyWealth**. Along with our library of well-being tools and resources located within Virgin Pulse, our team offers well-being services to help you stay healthy and empower you to be your best self. Our services include:

- » **Health Coaching:** Our health coaches provide evidence-based information, positive encouragement and motivation for individuals to achieve their health and wellness goals. Our health coaches provide a personal and tailored approach, accountability, problem solving and client-focused solutions.
- » **Well-Being Classes:** Our team and partners offer a variety of classes to help you be your best self. We provide opportunities on a variety of topics including, but not limited to, physical activity, nutrition, self-care, stress management, gratitude, goal setting and finding your purpose.
- » **Mental Health Awareness Class:** This class creates an awareness and knowledge of the prevalence of mental illness in the workplace, how to get support for yourself or a fellow team member and decrease the stigma surrounding mental health.
- » **Onsite/Virtual Counseling Services:** Onsite counseling is available at most Banner acute medical facilities, and virtual counseling is also available through our Employee Assistance Program (Resources for Living). Both options are open to all team members. You can make an appointment today with an onsite or virtual counselor. To learn more about mental health support, read about [Resources for Living](#).

# Resources For Living

Life happens. Stress less. Live more.



Resources For Living, Banner's Employee Assistance Program (EAP), is here to help make your life easier. You can find services for all aspects of your well-being, including:

- » **Emotional support** — Talk to a counselor about what's on your mind — stress, relationships, mood issues and more. Meet face-to-face or by video stream, or get in-the-moment support by phone.
- » **Legal** — Speak with an attorney about legal issues, like estate planning and family and domestic issues.
- » **Financial** — Discuss budgeting, credit and more with a financial expert.
- » **Daily life assistance** — Let our specialists help you solve everyday issues and coordinate caregiving needs.
- » **Website** — Check out video resources, articles, assessments, webinars and more at [resourcesforliving.com](https://resourcesforliving.com).

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## Confidential

Resources For Living is available to you **and** your household members 24 hours a day, 365 days a year. The services are free and confidential.

866-568-7554

[resourcesforliving.com](https://resourcesforliving.com)

Username: Banner

Password: EAP





# Financial Resources

## MetLife Legal Plans

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For \$6.00 per paycheck, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events, such as:

- » Getting married; starting a family
- » Sending kids off to college
- » Caregiving for aging parents
- » Civil litigation and incompetency defense
- » Adoption and legitimization (contested)
- » Protection from domestic violence
- » And more

To learn more, visit [info.legalplans.com](http://info.legalplans.com) and enter access code **3090010** or call **800-821-6400**, 8 a.m. – 8 p.m. (MST), Monday through Friday, to learn more.

[MetLife Legal Plan Overview](#)

[ASK ALEX](#)

[ENROLL NOW](#)

[Go to Team Member Premiums](#)

[Go to Resident and Fellow Benefits Overview](#)

# NEW! Financial Wellness and Identity Theft Protection with Experian

Rest easy knowing your online and financial health is being looked out for. With the new Financial Wellness with Identity Protection plan through Experian, you'll get access to a variety of tools to improve your financial wellness, plus active identity monitoring and protection. The online financial management center connects all your accounts in one place and provides insights to help you reach your goals. The Identity Theft Protection Program monitors:

- » Your credit
- » Social Security number
- » Bank account
- » Credit cards
- » Court records
- » Dark web
- » Data breaches

The Financial Wellness Program includes:

- » Personalized financial insights and recommendations to help you achieve your goals and improve your credit.
- » Automated budgeting and cash flow management tools powered by AI.
- » Real-time credit alerts and easy disputes.
- » Device protection services: Secure VPN, Password Manager, Safe Browser.
- » Credit monitoring with real time alerts and CreditLock.
- » Social media and child monitoring.

With this program, you'll have access to a mobile app with one-touch, 24/7 assistance from a knowledgeable Resolution Center Support Team that will work with you until your issues are completely resolved.

Visit [Experian.com](https://www.experian.com) to learn more.

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# Supporting Our Staff (SOS)



## Financial Assistance When You Need It

Banner Health is there for you even when times are challenging. The Supporting Our Staff (SOS) program provides financial assistance to Banner team members facing a temporary financial hardship. The SOS Fund was founded in 2011 as a partnership between the Banner Health Foundation and Banner's Human Resources team and is funded through the generosity of fellow team members.

## Requirements and Qualifications

All eligible team members at Banner Health facilities, systemwide, qualify for the SOS program with supporting documentation. To qualify, you must be classified as regular full time or part time in Workday AND have served a minimum of six continuous months of employment with Banner.

Each team member is eligible for one \$750 gift once in a 12-month period. Team members can qualify for SOS up to twice in a Banner career lifetime.

## Better Together

We are better together! SOS is funded by fellow team members through online donations and annual giving campaigns so we can all support each other during difficult times. If you'd like to contribute to the SOS fund, you can do so through:

- » Better Together, your region or facility's annual Team Member giving campaign
- » Online donations
- » Payroll deductions

To learn more or to donate, click here:

[BETTER TOGETHER](#)

[ASK ALEX](#)

[ENROLL NOW](#)

### How to apply

If you're in need of temporary financial assistance, follow the steps below to apply and receive SOS funds:

- » [Click here and use keyword "SOS."](#)

[SERVICE HUB](#)

- » Include document(s) showing proof of the financial hardship, such as utility shut-off notices or a statement of foreclosure or eviction from your primary residence, dated within the past 30 days.

Contact the **MyHR Resource Center** at **602-747-MyHR (6947)** to submit a request or to learn more.

# Planned Time Off Program



You must use your Paid Time Off (PTO) hours for sick days, vacation time, holidays and other personal time off from work. You must obtain approval in advance from your leader before using your PTO hours.

## Who Is Eligible

**You are eligible for PTO if you are a regular full-time or part-time team member assigned a total FTE (full-time equivalent) of 50% or greater.**

PTO benefits are accrued in hours based on working a maximum of 80 hours per pay period. No PTO credit is earned for hours worked in excess of 80 hours per pay period. For those who worked less than 80 hours per pay period, the earned hours will be prorated based on actual hours worked.

## PTO Donation Program

Banner Health allows PTO donations to assist team members with unexpected needs. This program allows us to help each other. For program details and eligibility criteria, click [here](#).

## Approved Time Off — Physicians

You must use your Approved Time Off (ATO) hours for vacation time, holidays and other personal time off from work. You must obtain approval in advance from your leader before using your ATO hours.

You are eligible for Approved Time Off if you are classified as a regular full-time or part-time physician assigned a total FTE of 50% or greater.

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Banner Health automatically provides this coverage for eligible team members.

No enrollment is required.

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**To view details regarding your time away from work:**

PLANNED TIME OFF



# Retirement Plan through Fidelity

Banner Health partners with Fidelity Investments to offer you retirement plan options. You can enroll or change your election at any time by contacting Fidelity.

## 401(k)

The Banner Health 401(k) Plan is a great way to save money on a pre-tax and Roth post-tax basis for your retirement. You may contribute up to 100% of your eligible compensation taking into consideration the IRS annual allowable limits. The first 4% of your contributions must be on a pre-tax basis, then any additional contribution may be pre-tax, Roth post-tax or both. Your 401(k) can be passed on to your heirs, so don't forget to designate a beneficiary when you enroll.

**You are eligible to participate in the 401(k) if you are a regular full-time, part-time, per-diem or flat-rate team member.**

## 401(k) Employer Match

After your one-year anniversary, Banner will match your 401(k) pre-tax contributions, dollar for dollar, up to 4% of your eligible compensation. The match is not included in your annual contributions limit.

The employer match is calculated and deposited to your account every pay period. However, Banner will evaluate your earnings and contributions from the prior calendar year to determine what the employer match would've been had the calculation been done on a full-year basis. Banner will make a true-up matching contribution during the first quarter to reconcile the difference if you meet certain eligibility and timing requirements. When calculating the true-up match, Banner will consider the earnings and contributions for the pay periods during which you were eligible for the match.

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### Contact Fidelity

Phone: **800-343-0860** (for English) or **877-297-3017** (for Spanish)

Website:  
**[netbenefits.com/  
BannerHealth](https://netbenefits.com/BannerHealth)** or  
**[netbenefits.com/easy](https://netbenefits.com/easy)**

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## 403(b)

As a registry (**Banner Staffing Services**) team member, the Banner Health 403(b) Plan allows you to save money on a pre-tax and/or Roth post-tax basis for your retirement. You may contribute up to 100% of your eligible compensation taking into consideration the IRS allowable annual limits. Your 403(b) can be passed on to your heirs, so don't forget to designate a beneficiary when you enroll.

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## Investing

You can invest all contributions, including any matching contributions and rollovers, in your choice of available investment funds. If you do not specify the investment funds when you enroll, your contributions will be defaulted into a target date fund appropriate for your retirement age.

Before investing in any mutual fund, please carefully consider the investment objectives, risks, charges and expenses. For this and other information, call or write Fidelity for a free prospectus. Read it carefully before you invest.

You can enroll or change your election at any time by contacting Fidelity.

Phone: **800-343-0860** (for English) or **877-297-3017** (for Spanish)

Website: [netbenefits.com/BannerHealth](https://netbenefits.com/BannerHealth) or [netbenefits.com/easy](https://netbenefits.com/easy)





# Discount Marketplace

## Discounts through Beneplace

Banner Health's discounts and services website through Beneplace allows you to save money on products and services you use every day. Just click the link below and enter your username and password, or click the Create an Account button. Contact Beneplace at **800-683-2886** if you need help. Visit [bannerhealth.savings.beneplace.com](https://bannerhealth.savings.beneplace.com) to start saving today on:

- » Automotive discounts
- » Dining and grocery
- » Electronics
- » Entertainment
- » Sports and outdoors
- » Travel
- » Wireless phones

## Voluntary Benefits

Banner Health also provides additional voluntary benefits, like auto and home insurance and purchasing power, that you can enroll in through Beneplace and have the convenience of payroll deductions. Visit [bannerhealth.savings.beneplace.com](https://bannerhealth.savings.beneplace.com) to learn more.

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# Pet Insurance

## PetPartners

Your pets are part of your family, so it's important to your emotional and financial well-being to get them the care they need. PetPartners Pet Insurance, underwritten by Independence American Insurance Company, provides you reimbursement toward the cost of veterinary and pet health care expenses for your cats and dogs. It's simple to use — take your pet to any licensed vet of your choice (no networks), submit a claim and get reimbursed for eligible expenses. Coverage is provided for accidents, injuries, illnesses, surgeries, medications and pre-existing conditions.\* It even includes coverage for preventive care like vaccinations, parasite prevention and wellness exams, and there is no deductible for covered wellness services. [Click here to learn more about PetPartners Pet Insurance.](#)

## Here's a few things to know:

**Q: What pets are eligible for coverage?**

**A:** Dogs and cats at least eight weeks old up to 10 years old are eligible to enroll.

**Q: Will my pets lose coverage due to age?**

**A:** No. Your pet must be under 11 years old as of the policy effective date, but once your pet is enrolled, we will never cancel your pet's coverage because of their age.

**Q: Are wellness services covered under the plan?**

**A:** Yes, the plan covers wellness items like vaccinations, routine testing, dental cleaning, spaying/neutering and microchipping.

**Q: What veterinarians can I visit?**

**A:** Visit any licensed veterinarian or veterinarian clinic. Simply pay for the service, then submit a claim and get reimbursed for eligible expenses.

**Q: After enrolling my pet in coverage, what should I do?**

**A:** Log in to your [pet portal](#) to add your pet's information.

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### Here's how PetPartners pet insurance works:

- » Visit your vet (or any licensed vet or clinic)
- » Pay your vet then submit a claim
- » Get reimbursed for eligible expenses

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PetPartners



# Adoption Assistance Plan Overview

Banner Health wants to support you if you're in the process of growing your family through adoption by reimbursing eligible adoption expenses.

## Who Is Eligible

Banner team members who are classified as regular FT/PT assigned a total FTE (full-time equivalent) of 50% or greater and have completed one year of service prior to the start of the adoption proceedings for which reimbursement is to be provided.

## How It Works

- » The Plan will reimburse eligible team members for costs incurred to adopt either a child under the age of 18 or someone of any age physically or mentally incapable of self-care.
- » \$10,000 is the maximum amount of expenses that Banner will reimburse under this plan.

## What Banner Health Will Reimburse

The expenses related to an adoption that are reimbursable under this program as qualified adoption expenses are the substantiated, reasonable and necessary adoption fees, court costs, attorney fees and other expenses (excluding, however, (i) travel expenses, (ii) living, medical and delivery expenses of a birth mother and (iii) any other expenses not permitted for reimbursement under the Code) that:

- a) are directly related to, and the principal purpose of which is for, the legal adoption of an Eligible Child by the Eligible team member;
- b) are not incurred in violation of state or federal law or in carrying out any surrogate parenting arrangement; and
- c) are not expenses in connection with the adoption of a child who is the child of the Eligible team member's spouse. (However, see Special Non-Qualified Benefit in plan).

Approved reimbursements are awarded on the final paycheck each month. If you submit an application and/or documentation near the end of the month, your reimbursement will process in the following month.

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# General Provisions

Banner Health administers the plan and has sole discretionary authority to interpret the plan, to make eligibility and benefit determinations and to make factual determinations in connection with the plan, which are final and binding.

## Important Tax Considerations

This plan benefits all eligible team members, and its eligibility requirements do not discriminate in favor of highly compensated employees or their dependents as required under §137 of the Internal Revenue Code.

Federal and state taxes may apply to qualified adoption expenses reimbursed under this plan. A portion of the reimbursements under the plan may be excludable from your income for federal income taxes to the extent you qualify under **Internal Revenue Code §137 and by filing Form 8839 with your federal income taxes.**

1. For domestic adoptions, reimbursements for qualified adoption expenses may be excludable from a team member's gross income for the tax year in which the qualified adoption expenses are reimbursed.
2. For foreign adoptions, this exclusion may only be available for the tax year in which the adoption becomes final.
3. Banner is required to withhold applicable federal employment taxes (FICA and FUTA) and to report the total amount of reimbursements on your Form W-2. Banner Health will not withhold other federal income taxes for reimbursements made under this plan, and you may be required to pay taxes on these reimbursements when you file your tax returns.
  - a) You also may be entitled to a federal income tax credit for adoption expenses that are not reimbursed under this plan or elsewhere. You will need to coordinate the income exclusion and tax credit to determine the greatest tax benefit for you and your family.

For additional information about the federal income exclusion and tax credit, please refer to the **Instructions to Form 8839**, available from the IRS and on the IRS website at [irs.gov](https://www.irs.gov). Banner does not make any commitment or guarantee that any reimbursements under the plan will be excludable in whole or in part from your gross income for federal or state income tax purposes, or that any other federal or state tax treatment will apply to or be available to you.

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**The tax treatment of reimbursements of qualified adoption expenses under this plan is complex and will depend on your personal tax situation. Banner does not provide team members with personal tax advice. We strongly recommend that you speak to your personal tax advisor.**

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This plan overview is not the plan. See the Adoption Assistance Plan and Application below for complete information.

Click the link below and type in "Adoption Assistance" to find the policy information and application.

[Adoption Assistance Plan and Application](#)

# Qualifying Life Events



Did you get married or have a baby this year? When you experience a Qualifying Life Event, your enrollment must be completed within 31 days of the Qualifying Life Event date, and you will be required to supply additional documents to support your life event. Click [here](#) to learn more about specific life events and your ability to request changes.

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Some of the most common Qualifying Life Events include:

- » Change in marital status (e.g., marriage, divorce, deceased spouse)
- » Change in the number of dependents (e.g., birth, legal/ward guardianship, adoption)
- » Change in your spouse's employment status resulting in a loss or gain of coverage
- » Change in your employment status resulting in a loss or gain of coverage
- » Enrollment in Medicare or Medicaid



# Dependent Verification

Dependent Verification is required for new family members to be covered:

- » You'll need to provide certain documents to prove any newly enrolled family members you add for coverage (spouse, children, etc.) meet the eligibility requirements.
- » Review and/or provide your dependent's Social Security number and phone number.
- » Check the [Dependent Eligibility Matrix on the Banner Documents Portal](#) for a list of the required documents.

Collecting proof of eligibility helps us comply with requirements for our benefit plans. More importantly, it helps manage costs for you and for Banner by ensuring we aren't paying claims for individuals who shouldn't be enrolled. Be sure to submit your documents by the deadline listed in the enrollment system.

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# Banner|Aetna Concierge: Your Personal Assistant for Health Care



## Not Sure Where to Turn?

We've all been there — needing help with our health plan but not sure where to turn.

## You May Be Wondering:

- » Something doesn't appear correct on my Explanation of Benefits (EOB). Can you help me?
- » How can I find the right specialist?
- » I've been diagnosed. Now what?
- » Is my health plan going to cover this?
- » How much is this going to cost me?

## Your Concierge Has Answers

It's a big, complex world of health care out there. Your **Banner|Aetna** concierge can help you make sense of it.

## Get Support to:

- » Choose the right doctor
- » Learn about your coverage
- » Understand a diagnosis
- » Plan for upcoming treatment

ASK ALEX

ENROLL NOW

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### Health care help is here

Speak with a concierge.  
Call **855-788-5803**.

Your concierge is available  
8 a.m. to 6 p.m. (MST),  
Monday through Friday.

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# Required Notices

Banner complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently because of race, color, national origin, age, disability or sex.

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## Banner Resources

- » Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic formats, other formats)
- » Free language services to people whose primary language is not English, such as qualified interpreters or information written in other languages
- » Contact MyHR at [602-747-6947](tel:602-747-6947)

You can find our required notices in the [Banner Document Portal](#) to help you understand your benefits. Paper copies may be requested, free of charge, by calling Banner Benefits Resource Center at [833-849-9825](tel:833-849-9825).



# Non-Tobacco User Discount

Banner Health offers a Non-Tobacco User Discount on premiums to encourage members not to use tobacco products. Tobacco products include cigarettes, cigars, pipes, smokeless tobacco and electronic devices such as e-cigarettes or any other product manufactured from tobacco and intended for use by smoking, inhalation, chewing, sniffing or sucking.

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The Non-Tobacco User Discount is available to all plan members in one of two ways:

1. If you and each of your enrolled dependents do not use tobacco products, you indicate your non-tobacco user status during enrollment and receive the premium discount. If you or any of your enrolled dependents later begin using tobacco products, you must notify the MyBenefits Resource Center at **833-849-9825** immediately of this change in your non-tobacco status.
2. If you or a covered dependent uses a tobacco product, you may still qualify for the Non-Tobacco User Discount by successfully completing an online tobacco cessation program, available at no cost through the **Freedom From Smoking Plus program**. The program consists of nine sessions to assist you in a step-by-step quitting process at your own pace, along with continuous telephonic support from the American Lung Association's tobacco treatment counselors whenever you need it.

To get started, register for and complete the designated online Tobacco Cessation Program. Follow these steps:

- » Log in to **freedomfromsmoking.org**. You will be prompted to set a username and password.
- » Complete the program and get a certificate of completion.
- » Go to **MyHR|Workday** to provide Banner Health with your certificate of completion and request the discount.

To receive the discount retroactive to your first day of coverage in the 2024 plan year, you must complete all required steps within 90 days of your first day of coverage. If you complete all the required steps outside these time frames, your discount will become effective on the first day of the following month.

If your doctor states that the Tobacco Cessation Program is not medically appropriate for you, please contact the MyBenefits Resource Center at **833-849-9825** for assistance. We will work with your doctor, if you wish, to find an alternative that is right for your health status and provides you with the same discount.

For more information about the Tobacco Cessation Program, visit the **Banner Documents Portal** and select the **Tobacco Cessation Program** under additional resources.



# New Hire Checklist

- Review the Banner Benefits Guide at [flimp.live/BannerBenefits](https://flimp.live/BannerBenefits) to learn more about your benefits options.
- Use the resources on [MyHR|Workday](#), [flimp.live/BannerBenefits](https://flimp.live/BannerBenefits) or [start.myalex.com/bannerhealth](https://start.myalex.com/bannerhealth) to compare plan options and estimate costs to find the best fit for you and your family.
- Enroll within 31 days of your date of hire. If you miss this window, you cannot make changes to your benefits until the next Open Enrollment period unless you experience a **Qualifying Life Event**.
- Have dependent documentation and Social Security numbers ready so you can verify your newly added dependents and ensure they get coverage. **Supporting documents** are required for all newly added dependents and must be approved during the verification process prior to the enrollment process.
- Designate a beneficiary for your life insurance and any voluntary supplemental insurance you purchase. Since Banner automatically provides you with a basic level of Life and AD&D coverage, be sure to designate a life insurance beneficiary in [MyHR|Workday](#). Beneficiary information must include phone numbers in order to complete enrollment.
- Review your confirmation statement to verify your benefits selections are correct. If you find a discrepancy, you must immediately notify Banner Benefits Resource Center. Call **833-849-9825** 7 a.m. to 7 p.m. (EST), Monday – Friday.
- Stay informed! Visit [MyHR|Workday](#) or [flimp.live/BannerBenefits](https://flimp.live/BannerBenefits), read Banner Buzz and follow Benefits on Viva Engage to stay current on news about your well-being and your total rewards.

ASK ALEX

ENROLL NOW

# Important Contacts

Vendor	Contact	Phone Number	Website
Banner Health	Banner Benefits Resource Center	833-849-9825	<a href="http://myhr.bannerhealth.com">myhr.bannerhealth.com</a>
Aetna	Medical Plans – Banner Aetna	855-788-5803	<a href="http://banneretna.com">banneretna.com</a>
	Pharmacy – Banner Aetna	855-788-5803	<a href="http://banneretna.com">banneretna.com</a>
	Supplemental Benefits – Aetna	855-788-5803	<a href="http://myaetnasupplemental.com">myaetnasupplemental.com</a>
	Resources for Living (EAP) – Aetna	866-568-7554	<a href="http://resourcesforliving.com">resourcesforliving.com</a> Username: Banner Password: EAP
Cigna	Cigna Dental Plans	800-CIGNA24 800-244-6224	<a href="http://mycigna.com">mycigna.com</a>
Vision Service Plan (VSP)	VSP Vision Plans Member number is 000 + Employee ID#	800-877-7195	<a href="http://vsp.com">vsp.com</a>
HealthEquity	Flexible Spending Accounts (FSAs)	866-212-4637	<a href="http://healthequity.com">healthequity.com</a>
	Health Savings / Reimbursement Accounts (HSAs/HRAs)	866-212-4637	<a href="http://healthequity.com/ed/BannerHealth">healthequity.com/ed/BannerHealth</a>
	COBRA	888-678-4881	<a href="http://healthequity.com">healthequity.com</a>
Matrix Reliance Standard	Matrix Leave Plans (FMLA, LOA, STD, LTD)	888-295-7840	<a href="http://matrixabsence.com">matrixabsence.com</a>
MyWell-Being	Virgin Pulse	844-982-2217	<a href="http://join.virginpulse.com/BannerHealth">join.virginpulse.com/BannerHealth</a>
ALEX	Ask ALEX decision tool	Available online only	<a href="http://start.myalex.com/bannerhealth">start.myalex.com/bannerhealth</a>
Fidelity	Fidelity – 401(k) and 403(b) Retirement Plans	800-343-0860 877-297-3017 (Spanish)	<a href="http://netbenefits.com/BannerHealth">netbenefits.com/BannerHealth</a>
MetLife	MetLife Legal Plan	800-821-6400	<a href="http://info.legalplans.com">info.legalplans.com</a> Access code: 3090010 Current enrollees: click on Members Log In
Experian	Experian Financial 24/7/365	855-797-0052	<a href="http://experian.myfinancialexpert.com">experian.myfinancialexpert.com</a>
Bright Horizons	Bright Horizons (care programs, education support and parenting resources)	Available online only	<a href="http://clients.brighthorizons.com/Banner">clients.brighthorizons.com/Banner</a>
PetPartners	PetPartners Pet Insurance	800-956-2495	<a href="http://independenceamerican.com">independenceamerican.com</a>
Beneplace	Beneplace – Discount Marketplace	800-683-2886	<a href="http://bannerhealth.savings.beneplace.com">bannerhealth.savings.beneplace.com</a>